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BY: Olga

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE **EB**

Please type or print in ink.

2012 MAR -1 PH 4: 22

NAME OF FILER (LAST) (FIRST) (MIDDLE)
ATKINS TONI G.

1. Office, Agency, or Court

Agency Name
California State Assembly Assembly Member
Division, Board, Department, District, if applicable Your Position

► If filing for multiple positions, list below or on an attachment.

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County ☐ County of
☐ City of ☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.
-or-
The period covered is / / , through December 31, 2011.
☐ Leaving Office: Date Left / /
(Check one)
☐ The period covered is January 1, 2011, through the date of leaving office.
☐ The period covered is / / , through the date of leaving office.
☐ Assuming Office: Date assumed / /
☐ Candidate: Election Year Office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 11

☒ Schedule A-1 - Investments - schedule attached ☐ Schedule C - Income, Loans, & Business Positions - schedule attached
☒ Schedule A-2 - Investments - schedule attached ☒ Schedule D - Income - Gifts - schedule attached
☒ Schedule B - Real Property - schedule attached ☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is

I certify under penalty of perjury under the laws of the State of California that

Date Signed 2/29/12
(month, day, year)

Signature

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

ATKINS, Toni

► NAME OF BUSINESS ENTITY
PayChex

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
401 K Retirement Accounts

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/11 _____/_____/11
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/11 _____/_____/11
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/11 _____/_____/11
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/11 _____/_____/11
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/11 _____/_____/11
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/11 _____/_____/11
 ACQUIRED DISPOSED

Comments:

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
ATKINS, Toni

1. BUSINESS ENTITY OR TRUST	
LeSar Development Consultants	
Name	
2410 First Ave., San Diego, CA 92101	
Address (Business Address Acceptable)	
Check one	
<input type="checkbox"/> Trust, go to 2	<input checked="" type="checkbox"/> Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
Consulting firm	
FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/11
<input type="checkbox"/> \$2,000 - \$10,000	____/____/11
<input checked="" type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	
NATURE OF INVESTMENT	
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership
<input checked="" type="checkbox"/> Spouse sole stock/ Other	
YOUR BUSINESS POSITION None/spouse is President/CEO	

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	
<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input checked="" type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
Separate sheet attached

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST	
Check one box:	
<input type="checkbox"/> INVESTMENT	<input type="checkbox"/> REAL PROPERTY
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	
Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/11
<input type="checkbox"/> \$10,001 - \$100,000	____/____/11
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED DISPOSED
<input type="checkbox"/> Over \$1,000,000	
NATURE OF INTEREST	
<input type="checkbox"/> Property Ownership/Deed of Trust	<input type="checkbox"/> Stock
<input type="checkbox"/> Leasehold	<input type="checkbox"/> Partnership
Yrs. remaining	
<input type="checkbox"/> Other	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

1. BUSINESS ENTITY OR TRUST	
Estolano LeSar Perez Advisors LLC	
Name	
2410 First Ave., San Diego, CA 92101	
Address (Business Address Acceptable)	
Check one	
<input type="checkbox"/> Trust, go to 2	<input checked="" type="checkbox"/> Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
Consulting firm	
FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	____/____/11
<input type="checkbox"/> \$2,000 - \$10,000	____/____/11
<input checked="" type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	
NATURE OF INVESTMENT	
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership
<input type="checkbox"/> Other	
YOUR BUSINESS POSITION	

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	
<input type="checkbox"/> \$0 - \$499	<input checked="" type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
Separate sheet attached

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST	
Check one box:	
<input type="checkbox"/> INVESTMENT	<input type="checkbox"/> REAL PROPERTY
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	
Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/11
<input type="checkbox"/> \$10,001 - \$100,000	____/____/11
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED DISPOSED
<input type="checkbox"/> Over \$1,000,000	
NATURE OF INTEREST	
<input type="checkbox"/> Property Ownership/Deed of Trust	<input type="checkbox"/> Stock
<input type="checkbox"/> Leasehold	<input type="checkbox"/> Partnership
Yrs. remaining	
<input type="checkbox"/> Other	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

Comments:

LeSar Development Consultants2011 ClientsReceipts over \$10,000

Common Ground	\$15,000.00
Corporation for Supportive Housing San Bernardino	\$90,921.10
Community Redevelopment Agency – Los Angeles	\$70,984.87
County of Napa	\$28,171.25
City of Pasadena	\$16,436.34
City of Vista	\$24,900.00
Center City Development Corporation	\$232,749.50
Housing Authority of the County of San Bernardino	\$121,713.53
Los Angeles County	\$42,060.00
Los Angeles Housing Department	\$14,325.00
San Diego Housing Commission	<u>\$121,119.21</u>
Total	\$778,380.80

Estolano LeSar Perez2011 Clients

(1/3 portion of revenue matching LeSar Development Consultants, 1/3 membership of the firm)

Receipts over \$10,000

Goldhirsh	\$39,146.66
MWD	<u>\$10,000.00</u>
Total	\$49,146.66

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
ATKINS, Toni

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

1936-1940 Dale Street

CITY

San Diego, CA 92102

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

 / / 11 / / 11
ACQUIRED DISPOSED

NATURE OF INTEREST

- ☐ Ownership/Deed of Trust ☐ Easement
☐ Leasehold ☐ Other
Yrs. remaining Yrs. remaining

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

Spouse owns this property
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

N/A

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

2954 Date Street

CITY

San Diego, CA 92102

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

 / / 11 / / 11
ACQUIRED DISPOSED

NATURE OF INTEREST

- ☒ Ownership/Deed of Trust ☐ Easement
☐ Leasehold ☐ Other
Yrs. remaining Yrs. remaining

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

N/A
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

 % ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

 % ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

☐ Guarantor, if applicable

Comments:

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

ATKINS, Toni

► NAME OF SOURCE

Planned Parenthood Affiliates of California

ADDRESS (Business Address Acceptable)

555 Capitol Mall, Ste. 510, Sac, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Reproductive health care and family planning

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

1 / 11 / 11 \$ 36.84 Breakfast mtgs @

6 / 01 / 11 \$ 65.79 Spataro

8 / 30 / 11 \$ 48.67

► NAME OF SOURCE

Farmers Group, Inc

ADDRESS (Business Address Acceptable)

1415 L St., Ste. 1200, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Insurance

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

1 / 29 / 11 \$ 75.00 Golf at Torrey Pines

/ / \$

/ / \$

► NAME OF SOURCE

Commander, Navy Region Southwest (CNRSW)

ADDRESS (Business Address Acceptable)

937 North Harbor Dr., San Diego, CA 92132-0058

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Navy

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

1 / 31 / 11 \$ 51.49 Pen set and Mug

/ / \$

/ / \$

► NAME OF SOURCE

California Healthcare Institute

ADDRESS (Business Address Acceptable)

888 Prospect St., Ste. 220, La Jolla, CA 92037

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Public policy research org for biomedical industry

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

2 / 01 / 11 \$ 81.64 CHI/BayBio BioMed

/ / \$ Innovation Dinner

/ / \$

► NAME OF SOURCE

BayBio

ADDRESS (Business Address Acceptable)

400 Oyster Pt. Blvd., Ste. 221, San Francisco 94080

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Trade association for life sciences industry

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

2 / 01 / 11 \$ 81.64 CHI/BayBio BioMed

/ / \$ Innovation Dinner

/ / \$

► NAME OF SOURCE

Assembly Member Felipe Fuentes

ADDRESS (Business Address Acceptable)

State Capitol, Room 2114, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Member of the Assembly

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

01 / 31 / 11 \$ 126.77 Dinner w/Speaker at

/ / \$ Morton's

/ / \$

Comments:

185

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

ATKINS, Toni

► NAME OF SOURCE
California Democratic Party
ADDRESS (Business Address Acceptable)
1401 21st St., Ste. 200, Sacramento, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 08 / 11</u>	<u>\$ 117.09</u>	<u>Asm Dem Caucus Dnr</u>
<u>03 / 30 / 11</u>	<u>\$ 86.82</u>	<u>Dnr at Il Fornaio</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE
John A. Perez for Assembly 2012
ADDRESS (Business Address Acceptable)
777 So. Figueroa St., Ste. 4050, Los Angeles 90017
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Speaker Perez campaign account

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 08 / 11</u>	<u>\$ 10.00</u>	<u>Bevs at Dem Caucus</u>
<u>02 / 09 / 11</u>	<u>\$ 84.30</u>	<u>Jacket</u>
<u>12 / 13 / 11</u>	<u>\$ 38.68</u>	<u>Dinner in Israel</u>

► NAME OF SOURCE
California Cut Flower Commission
ADDRESS (Business Address Acceptable)
PO Box 90225, Santa Barbara, CA 93190
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit grower group for CA-grown cut flowers

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 09 / 11</u>	<u>\$ 229.74</u>	<u>Dinner at the Kitchen</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE
Consumer Attorneys of San Diego
ADDRESS (Business Address Acceptable)
600 B St., Ste. 1550, San Diego, CA 92101
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Attorneys

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 10 / 11</u>	<u>\$ 135.00</u>	<u>Awards dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE
Pechanga Band of Luiseno Mission Indians
ADDRESS (Business Address Acceptable)
PO Box 1477, Temecula, CA 92593
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Tribal Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 18 / 11</u>	<u>\$ 80.95</u>	<u>Dinner at Great Oak</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE
California Dental Association
ADDRESS (Business Address Acceptable)
1201 K St., 14th Floor, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Dental industry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 28 / 11</u>	<u>\$ 52.00</u>	<u>Dinner at Aioli</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments:

275

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

ATKINS, Toni

► NAME OF SOURCE

CA Foundation on the Environment & the Economy

ADDRESS (Business Address Acceptable)

Pier 35, Ste. 202, San Francisco, CA 94133

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Educational & public policy group

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 04 / 11	\$ 51.12	Brunch at their Water
___ / ___ / ___	\$ _____	Roundtable Conference
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

Gayl Jaaskelainen

ADDRESS (Business Address Acceptable)

Unable to obtain from source

BUSINESS ACTIVITY, IF ANY, OF SOURCE

See above

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 10 / 11	\$ 62.98	Bromeliad planter and
___ / ___ / ___	\$ _____	chocolate lollipops
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

Personal Care Products Council

ADDRESS (Business Address Acceptable)

925 L St., Ste. 850, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Trade Association for personal care & beauty product

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 13 / 11	\$ 116.50	Gift bag of personal
___ / ___ / ___	\$ _____	care products
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

Second Chance

ADDRESS (Business Address Acceptable)

6145 Imperial Ave., San Diego, Ca 92114

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Non-profit which enables workforce readiness

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 05 / 11	\$ 175.00	1 ticket to their benefit
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

American Freedom Foundation Inc.

ADDRESS (Business Address Acceptable)

10865 Hoffner Edge Dr., Riverview, FL 33579

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Non-profit for the Armed Forces

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 28 / 11	\$ 258.00	2 Kenny Loggins
___ / ___ / ___	\$ _____	tickets on the USS
___ / ___ / ___	\$ _____	Midway

► NAME OF SOURCE

Californians Allied for Patient Protection (CAPP)

ADDRESS (Business Address Acceptable)

1215 K St., Ste. 2015, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Health care

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 31 / 11	\$ 200.00	1 ticket to the
___ / ___ / ___	\$ _____	California Roast
___ / ___ / ___	\$ _____	Dinner

Comments:

385

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

ATKINS, Toni

► NAME OF SOURCE

Rady Children's Hospital - San Diego

ADDRESS (Business Address Acceptable)

3020 Children's Way MC 5090, San Diego 92123

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Hospital

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 11 / 11</u>	<u>\$ 175.00</u>	<u>Miracle Makers Gala</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

Fred Maas, Pacific EcoCompanies LLC

ADDRESS (Business Address Acceptable)

15622 Hayden Pl., San Diego, CA 92127

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Investments; dev't in sustainable & clean tech bldgs

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 17 / 11</u>	<u>\$ 250.00</u>	<u>1 ticket to American</u>
<u> / / </u>	<u>\$</u>	<u>Lung Assoc Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

National Federation of Independent Business (NFIB)

ADDRESS (Business Address Acceptable)

921 11th St., Ste. 400, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Small business association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 17 / 11</u>	<u>\$ 78.51</u>	<u>Dinner at Island Prime</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

University of Southern California

ADDRESS (Business Address Acceptable)

16870 W. Bernardo Dr., Ste. 200, San Diego 92127

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 02 / 11</u>	<u>\$ 50.00</u>	<u>Gift bag: USC polo,</u>
<u> / / </u>	<u>\$</u>	<u>mug, tee, water bottle,</u>
<u> / / </u>	<u>\$</u>	<u>pad holder, bag</u>

► NAME OF SOURCE

Japanese Friendship Garden

ADDRESS (Business Address Acceptable)

2215 Pan American Road E., San Diego, CA 92101

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Garden and museum

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 18 / 11</u>	<u>\$ 85.00</u>	<u>12th Annual August</u>
<u> / / </u>	<u>\$</u>	<u>Moon Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

California Issues Forum

ADDRESS (Business Address Acceptable)

1717 I St., Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

501(c)(4) Educational association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 22 / 11</u>	<u>\$ 95.00</u>	<u>Dinner at Mulvaney's</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments:

485

SCHEDULE D Income – Gifts

Name

ATKINS, Toni

► NAME OF SOURCE
California Cotton Ginners & Growers Assoc

ADDRESS (Business Address Acceptable)
1785 N. Fine Ave., Fresno, CA 93727

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Cotton industry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 01 / 11</u>	<u>\$ 56.93</u>	<u>Dnr at DeGroot Dairy</u>
<u>11 / 02 / 11</u>	<u>\$ 56.93</u>	<u>Lunch at Sierra Vall</u>
<u>11 / 02 / 11</u>	<u>\$ 45.00</u>	<u>Cotton Towel set</u>

► NAME OF SOURCE
California Cotton Ginners & Growers Assoc

ADDRESS (Business Address Acceptable)
1785 N. Fine Ave., Fresno, CA 93727

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Cotton industry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 02 / 11</u>	<u>\$ 17.25</u>	<u>Mini cotton bales (2)</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

► NAME OF SOURCE
Liquid Environmental Solutions

ADDRESS (Business Address Acceptable)
11855 Sorrento Valley Rd., #C, San Diego CA 92121

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Recycler of liquid and organic waste

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 05 / 11</u>	<u>\$ 175.00</u>	<u>SD Coastkeeper 2011</u>
<u> / / </u>	<u>\$</u>	<u>Ocean Gala Dinner</u>
<u> / / </u>	<u>\$</u>	<u></u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

Comments: 585

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

ATKINS, Toni

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

► NAME OF SOURCE

San Diego County Regional Airport Authority

ADDRESS (Business Address Acceptable)

PO Box 82776, San Diego, CA 92138-2776

CITY AND STATE

Airport

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): 01 / 01 / 11 - 12 / 31 / 11 AMT: \$ 2,762
(If applicable)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

DESCRIPTION: Airport parking to/from District

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION:

► NAME OF SOURCE

Jewish Federation of Greater Los Angeles

ADDRESS (Business Address Acceptable)

6505 Wilshire Blvd., Los Angeles, CA 90048

CITY AND STATE

Cultural organization

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☒ 501 (c)(3)

DATE(S): 12 / 11 / 11 - 12 / 19 / 11 AMT: \$ 5866.99
(If applicable)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

DESCRIPTION: Trip to Israel: air, meal, lodging,
transportation

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION:

Comments: